

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10225**
Registrar's No. **306**

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2418 Patee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Margaret Clara Musgen **250**

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Antone Musgen 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased January 29 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Joseph Baker

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Fisher

(b) Address Escallo Drive Q 5

17. (a) Burial (b) Date thereof Mar. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert W. Fisher

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) March 19, 1940 (b) H. J. Mistlethorpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2418 Patee
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 6, 1940, to March 16, 1940
that I last saw her alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to Coronary Disease ?

Due to Myocarditis Chronic ?

Other conditions 92C

(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

While at work

23. Signature H. J. Mistlethorpe (M. D. or other) 1

Address Central Bldg Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Albert R. Harrington*.....
Licensed Embalmer No.....3258.....
P. O. Address.....St. Joseph, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.